IN OR ALENDING FRIENDING FRIENDING FRIENDING THE GEORGE CHIMICON DE EXECUTED WITHIN 24 HOURS GIVE LEGIT. TOUGHT		RA: RECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director,	shows be detoched for use as the buriol-transit permit. Then please remove carbon popers. Pages I can't shauld be filed with	(
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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY West Virginia COUNTY Garrett MARYLAND Preston b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) Horse Shoe Run. Oakland d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS 090 OR INSTITUTION Evans Rest Home NAME OF Middle 4. DATE Last Month OF DEATH Julius Elmer Arnold (Type or print) Dec. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Days Male White Oct. 28.1887 WIDOWED X DIVORCED [ 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farmer W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Arnold Elizebeth Fike 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Charleston, W.Va. 229-10-1679A Glenn Arnold no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1193X DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION 50 4 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month 20e. PLACE OF INJURY (Home, farm, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a. m. Not while at work of work December 1, 1957, that I last saw the deceased 21. I certify that I attended the deceased from... cen ber and that death occurred at 9:304 M, from the causes and on the date stated above. ADDRESS (Street, cityfor Jown, state) ACTUAL SIGNATURE PHYSICIAN'S Oak Street Oakland, Md. Leighton Herbert moy be FUNES poge 3 the regis 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) PEMOVAL (Specify) 9 Eglon. W. Va. Eglon 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) Davis, W. Va. DATE DEC 11 '59 1SM 9/S5 Cathan S. Howard

13743

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

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Day

ON A FARM?

YES NO

Year

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INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO P

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Reg. Dist. No.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

CERTIFICATE OF DEATH 72722

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1. PLACE OF DEATH o. COUNTY Garre	ett		MARYLAND	2. USUAL RESIDEN a. SIATE West V:	CE (Where deceas	ed lived. If ins b. COU	titution: Resident	ca befare admission)
b. CITY OR TOWN (IF RURAL and give nec Oakla	rest town)	ls, write	c. LENGTH OF STAY IN 16	c. CITY OR TOW	'N (If autside corp	orate limits, wr		
d. NAME OF HOSPITA OR INSTITUTION Garrett Co.	L (If not in hospital, g		oddress)	d. STREET ADDI	ESS	0	2 /	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir Ma	arqui	Middle S B	Lost Cros:	4. DATE OF DEATI	• De	Month cember	Day Year 3 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARR	D DIVORCED	B. DATE OF BIRTH	7	9. AGE (In y last birthd	ay) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATIO		dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign	country)	12. CIT	ZEN OF WHAT COUNTRY?
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Canditians, if an gave rise to imcause (a), stating it lying cause last.	he under-	777	CLASTAS SO DEATH BU	of Lo	en	Par ma	C7 .	6 mos
PART II. OTHI	CAUSE OF DEATH		RIBE HOW INJURY OCCURRE				.)	YES NO
20c. TIME OF INJURY Hour o. m. p. m.	19	While of work	Not while fo	ACE OF INJURY (Homeoclary, street, affice bloom	g., etc.)			aunty) (State)
21. I certify the olive on 12.  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	-3-59 me /	, 19 ./. C	ed from Nov 1.  59 , and that Geath  Letter  er Jr. M. D.	m.o. 58 2	ADDRESS (	m the caus Street, city or to DALLA	es ond on thown, state)	ast saw the deceased the dote stated above DATE SIGNED /2. 3. 5
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL			22c. NAME OF CEMETERY C		22d. LOC/	ATION (City, to	wn, ar county)	(State)
23. FUNERAL DIRECTOR'S			ADDRESS		REC'D BY REGIS		REGISTRAR'S SIG	

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13745

### **CERTIFICATE OF DEATH**

1. PLACE OF DEATH o. COUNTY	arrett		MARYLA	ND 2. 1	usual residence (Windows STATE Maryland	here decease d	b. COUNTY	Garre		idmission)
b. CITY OR TOWN RURAL and give Oaklan		its, write	c. LENGTH OF STAY IN	1b ×	Swant	autside corpo	orate limits, write Rt	JRAL and g	ive nearest	t town)
OR INSTITUTION	PITAL (If not in haspital, g County Memo			1	d. STREET ADDRESS			Mary I	(	S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Fii Mabe		Middle <b>Lena</b>		DeVelbiss	4. DATE OF DEATH	Mon Decemi		Day 9	Yeor 19 <b>59</b>
5. SEX Female	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	4	TE OF BIRTH 18	394	9. AGE (In years last birthday) 65 yrs.			UNDER 24 HRS.
during most of we	TION (Give kind of work orking life, even if retired SOWIFE	dane 10b	KIND OF BUSINESS OR I		11. BIRTHPLACE (State Martin, We: . MOTHER'S MAIDEN!	st Vir			S.A.	VHAT COUNTRY
Jacob Ro	demands.				Malinda		- 12			10000
	VER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. INFOR		cooher	Addr	ess		
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)		Chi	rtis V. De	Velhis	ss (Son)			
OF THE STATE OF TH	g the <u>under-</u> DUE TO	b)	Pneumonitis, Myocardial i  CONTRIBUTING TO DEATH	nfarc	RELATED TO THE TERM	NNAL DISEAS		EN IN PART	6 da	WAS AUTOPSY PERFORMEDS
OR CONTRIBUTION (IF EITHER, NOTIF	JRY Manth, Day, Ye	While		e. PLACE ( factory,	DF INJURY (Home, form street, office bldg., etc	m, 20f. (Cit	y or town)	(C	ounty)	(State)
21. I certify alive on	Que 14-	19	and that de R, JR., M.D.	eath acc	urred at 1 Pe	WDDKE22 (3	m the causes a street, city or town, Oakland	nd on th		the decease stated above DATE SIGNE -9-59
	ON, 22b. DATE THEREC	0F 59	22c. NAME OF CEMETE				TION (City, town, o	er county)	w. v	(State)
23. FUNERAL DIRECTO		1/	Ser W.Va		24a. REC	D 8Y REGIS	TRAR 24b. REGIS	trar's sig	NATURE	

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13746 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

	o. COUNTY GAR	RETT		MARYLA		. STATE	ARYLAN	_	lived. If institut b. COUNTY		ETT	odmissi	on)
	b. CITY OR TOWN (IF RURAL ond give nec OAKLAN	outside corporate timi prest town)	ts, write	c. LENGTH OF STAY IN 26 DAYS	1ь ×		OWN (IF OU	utside corpo	rote limits, write f	RURAL ond	give near	est fown	)
	d. NAME OF HOSPITA OR INSTITUTION GARRETT CO				1	d. STREET A		OAK	STS.		e		DENCE FARM? NO [7]
	3. NAME OF DECEASED (Type or print)	BENJAM		Middle HARRISON	DE	WITT		4. DATE OF DEATH	DECEMBE	1 / 1	Day		ear 9 59
	5. SEX MALE	6. COLOR OR RACE WHITE	7. MARR	HED NEVER MARRIED  ED DIVORCED		RCH 26	, <b>1</b> 88	39	9. AGE (In years lost birthdoy) 70 yrs.	Months		F UNDE Hours	R 24 HRS. Min.
	FARMER	N (Give kind of work on the life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY		ACE (State of		ountry)		I.S.A	WHAT	COUNTRY?
	13. FATHER'S NAME				14	MOTHER'S	MAIDEN N	AME					
1	GEORGI		csea lac	DE WITT SOCIAL SECURITY NO.	17. INFOR	MANY	MARY		SANDERS	ress			
		t yes, give war or dates of se		SOCIAL SECURITY NO.		IE C.	DE WI	cr mm	EESE AND		Cm	OAT	T A NITO N
	PART I. DEAT	TH [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	)(	ne for (o), (b), and (c).]		7	is			OAK	INTER	VAL BET	WEEN
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	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMIN	NAĹ DISEASI	E CONDITION GI	VEN IN PAR		PERFO	NO
- 1		CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	JRRED. (En	ter noture of	finjury in P	art I or Part	II of item 1B.)				
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	NJURY OCCURRED 20  Not while of work		OF INJURY (I street, office			or town)	(1	County)		(Stote)
	actual signature Physician's	whent 9	19	ed from Man.	oth occ	777 C	:30 A	M, from	n the causes of reet, city or town,	and on t	lost sav	state	deceased d obove. TE SIGNED
	220. BURIAL, CREMATION REMOVAL (Specify)	1 1		22c. NAME OF CEMETE				_	ION (City, town,		353	(Stote	)
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o. COUNTY	ARRETT	1		MA	RYLAND	o. STATE	ARYLA		d lived. If institution b. COUNTY		RETT		ion)
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Condition of the condit	RT I. DEATH IM  Cons., if any, see to imm storing the see lost.  RT II. OTHER  DENT WAS UNIBUTING ON.  NOTIFY ME  OF INJURY  O. m.  p. m.  Priffy that	WAS CAUSED BY: MEDIATE CAUSE (c DUE TO which ediote under: SIGNIFICANT CON INDERLYING CAUSE OF DEATH DICAL EXAMINER) Month, Day, Ye 19	20b. DESCO 20b. DESCO 20b. DESCO 20c. 19.4	ONTRIBUTING TO E  CRIBE HOW INJURY  BJURY OCCURRED  Not while of work  A grand the  CE, M.D.	DEATH BUT I	NOT RELATED TO  D. (Enter nature of NCE OF INJURY (Hory, street, office accurred at]	lome, farm, bldg., etc.) , ta	val Diseasi	E CONDITION GIV  It of item 18.)  or town)  O, 1955  In the causes a reet, city or town,	EN IN PAR	County)	9. WAS PERFOYES	AUTOPSY RMED? NO (State deceased abavate sign
Condition of the condit	RT I. DEATH IM  Cons., if any, se lo imm se lost.  IT II. OTHER  DENT WAS L  RETTER NOTIFY ME  DENT WAS L  RETTER NOTIFY ME  RETTR NO	WAS CAUSED BY: MEDIATE CAUSE (c DUE TO which ediote under- SIGNIFICANT CON INDERLYING  CAUSE OF DEATH DICAL EXAMINER) Month, Day, Ye 19 I attended the 30  Labeled ANDREW E.	20b. DESCO 20b. DESCO 20b. DESCO 20c. 19.4	ONTRIBUTING TO E  RIBE HOW INJURY  ON While of work of	DEATH BUT I	Basal  NOT RELATED TO  D. (Enter nature of MCE OF INJURY (Hory, street, office accurred at)  M.D	lome, farm, bldg., etc.) , ta	NAL DISEASI Ort I or Port 20f. (City  M. from Dorress (St	E CONDITION GIV	EN IN PAR	County)	9. WAS , PERFO YES    The state of the state	AUTOPSY RMED? NO (State deceased abavate sign

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 D FUNERAL D. CTOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death. TO FUNERAL D VS A15 (4) 15M 10/57

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funeral director, snauld be filed with

	TO STAND STATE DEPARTMENT OF BEALTHORY, OF	
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VS A1S (4) 1SM 10/S7

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13748

**CERTIFICATE OF DEATH** 

13722 Rea Dist No.

									Reg. D	131. 140.		
1. PLACE OF DEATH o. COUNTY	GARRETT	200	MARYI		USUAL RESIDENCE o. STATE	CE (Where		lived. If institut b. COUNTY	(	ARRE		ion)
b. CITY OR TOWN (III RURAL ond give ne OAKL		write c.	26 days	IIX.	c. CITY OR TOW	VN (If outs						1)
OR INSTITUTION	AL (If not in hospital, give			/	d. STREET ADDR	RESS		a de nome y			ON A	FARM?
3. NAME OF DECEASED (Type or print)	First WIL	LIAM	Middle NOLAI	N	EVANS	4	OF DEATH	Mo DECE	nth MBER	Doy 25		Yeor 19 59
s. sex		MARRIED VIDOWED X	NEVER MARRIE		PR.15.1	896		9. AGE (In years lost birthday) 63 yrs	Months	Days	IF UND Hours	ER 24 HRS. Min.
Coal Mine	ON (Give kind of work do ing life, even if retired)		Coal Mi			(Stote or			12. CI		S.A.	COUNTRY
13. FATHER'S NAME				1.	I. MOTHER'S MA	IDEN NAA	WE					
TO WAR DESERVED EVE	DAVID EDWA			1.7 11/50		AME	LIA I	FLORENCE		LL		
	R IN U. S. ARMED FORCE (If yes, give war or dates of servi		-07-1983	3	THER EVA	ANS	lik	KTTZMT	LLER.	MD.	2013	
Conditions, if ar gove rise to in couse (o), stating t lying couse lost.	the under- DUE TO (c)	Ar	terio	30	lero	Re		ase		5	zec Zec	DEATH
CATIC	S UNDERLYING TO 12		TRIBUTING TO DEA						VEN IN PA	RT 1(a) 19	PERFC	AUTOPSY DRMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	70. DESCRIBI	L HOW MAJORT OF	CORRED. (E	nier notore of inj	jury in rui	r t or run	ii oi siem to.j				
20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Year	20d. INJUR While of work	Not while at wark	20e. PLACE foctory,	OF INJURY (Hom street, office bld	ne, form,	20f. (City	or town)	(	County)		(State)
actual SIGNATURE	at I attended the d	1959	from Aug.	death oc	, 1955 , to		M, from	/ //			e stat	
PHYSICIAN'S NAME (Type)	ANDREW E. N		M.D.	TERY OR CO	FMATORY	22		AND.		LAND	16.	/
Burial	12/28/19	April 1 Table 1	Kalbaugh	_				Garden		Va.	(Stot	e)
23. PUNERAL DIRECTORS	s signature le	n	ADDRESS Oakle	and,		O. RECED B	N SEE SEE		ISTRAR'S SI			

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13749 CERTIFICA

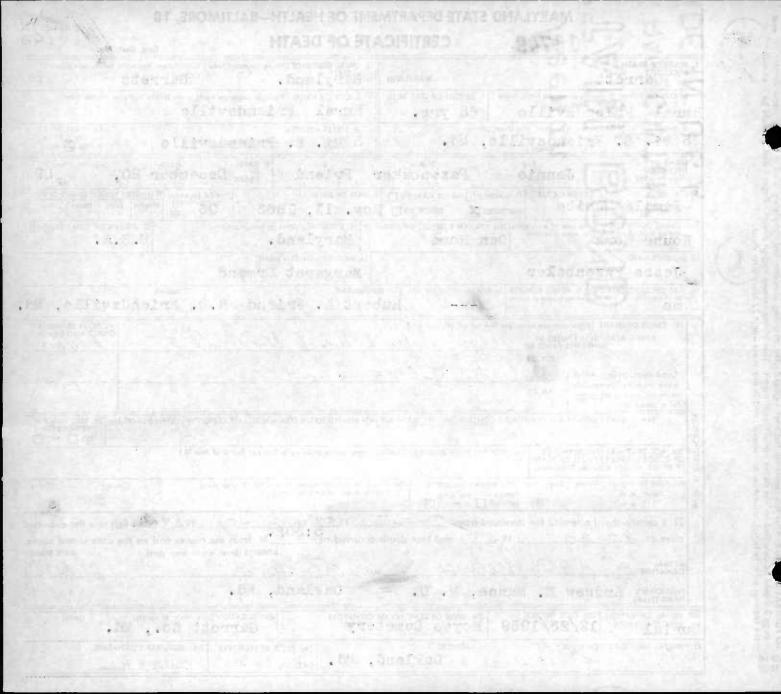
**CERTIFICATE OF DEATH** 

Reg. Dist. No.

13723

1. PLACE OF DEATH 0. COUNTY Garre	tt	MARYLAND	2. USUAL RESIDENCE		b. COPNIY		re admission)	
b. CITY OR TOWN I RURAL and give n Rural Fr	(If outside corporate limits, write learest town) lendsville	c. LENGTH OF STAY IN 16		N (If outside corpora		JRAL and give ne	arest town)	
5 ON INSTITUTION	TAL (If not in hospital, give street Friendsville		/ d. STREET ADDRE	. Friend	dsville		e. IS RESIDE	RM2
3. NAME OF DECEASED (Type or print)	Jennie -	Fazenbake	r Friend	4. DATE OF DEATH	Decembe	r 20,	Year	59
5. SEX Female	6. COLOR OR RACE 7. MARI		Nov. 11,	1863	P. AGE (In years lost birthday) 96 yrs.	Months Days		Min.
House Wo	ON (Give kind of work done 10b. rking life, even if retired)  ON	KIND OF BUSINESS OR INDE	Maryla Maryla		intry)	U.S.A		DUNTRY
13. FATHER'S NAME JOSSO F	azenbaker		Margare	t Orman	đ			
	ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)		bert A. F	riend	R.D. Fr		ille,	Md
Canditians, if a gave rise to cause (a), stating lying cause last.  PART II. OT	immediate DUE TO	TENDS CLE	T NOT RELATED TO THE I	TERMINAL DISEASE	CONDITION GIVE	EN IN PART I(o)	9. WAS AUT	ED?
U (IF EITHER, NOTIFY	AS UNDERLYING 20b. DES G CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injur	ry in Part I ar Part I	II of item 18.)			
20c. TIME OF INJUI Hour a.m. p. m.	While	NJURY OCCURRED 20e. P Not while k at wark	LACE OF INJURY (Hame, octory, street, office bldg	, form, 20f. (City o	or town)	(County)		(State)
alive an	not I attended the decease 2-20, 19, Indiana E. Management	and that deat	, 19.5 7, 10 h occurred of :3 M.D. QQ Oakla	ADDRESS (Street	the causes areat, city ar tawn, s	nd an the da	te stated	
Bur 1a1 (Specify	DN, 12/23/1959	Hoyes Come	r crematory	Gari	on (City, tawn, a rett Co	o, Md.	(State)	
23. FUNERAL DIRECTOR	es tilon	ADDRESS Oaklan	7 757	PEC 2 8 '59		TRAR'S SIGNATU		

VS A15 (4) 15M 10/57



H. Leighton, M.D.

ADDRESS

22c. NAME OF CEMETERY OR CREMAT

Red House Ceme

Oakland, Md

13724

e. IS RESIDENCE

ON A FARM?

YES NO 12

Year

19

Hours

12. CITIZEN OF WHAT COUNTRY?

Doys

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ber	t Gauer	Mt. La		, Md.
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tic	Vare	ular De	nave.	Unknou
ITED TO 1	THE TERMINAL DISE	ASE CONDITION GIV	EN IN PART 1(0)	P. WAS AUTOPSY PERFORMED? YES NO D
oture of	injury in Port I or (	Port II of item 18.)		
IJURY (He	ome, form, 20f. (0 bldg., etc.)	City or town)	(County)	(Stote)
77c	ADDRESS Pak H	om the causes a (Street, city or town.	nd on the dat	w the deceased e stated above. DATE SIGNED
	land, N		*	
ory terz	men	cation (City, town, or Oakland		(Stote)
	DATE DEC 1 5		TRAR'S SIGNATUR	

TO FUNERAL VS A15 (4) 15M 10/S7

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ACTUAL

PHYSICIAN'S Herbert 220. BURIAL CREMATION, 22b. DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE

12/11/1959

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	ATE OF DEATH	OHITHE	
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	office of Figure 1		

13751 CERTIFICATE OF DEATH

Reg. Dist. No.

13725

- 1										wag. o	1011. 110.		
	1. PLACE OF DEATH a. COUNTY	rrett		MAR	YLAND	2. USUAL RESIDE	100	ere deceased	lived. If institution b. COUNTY	rreft		re admis	sion)
1	b. CITY OR TOWN (I	f autside carporate limit	s, write	c. LENGTH OF STAT	( IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)							
	RURAL and give ne	kland		1 Day		x Oaklan	nd						
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, g		address)		d. STREET A	DDRESS			954		ON	SIDENCE A FARM?
	Garrett Cou	unty Memori	al Ho	ospital		Mason	Stree	t				YES [	NO
	3. NAME OF DECEASED (Type ar print)	Fin Evel		Middle Vic	tori	a Gree		4. DATE OF DEATH	Decem		Do	•	Year 1959
1	5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARR		8. DATE OF BIRTI	1		9. AGE (In years			IF UND	ER 24 HRS.
	Female	White	WIDOWI	ED DIVORC	ED 🔲	November	r 5.19	22	last birthday) yrs.	Months	Days	Hours	Min.
t	10a. USUAL OCCUPATIO	ON (Give kind of work of	ione 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (State o	ar fareign ca	untry)	12. CI	TIZEN O	F WHAT	COUNTRY
	Housew.	king life, even it retired)	1	n Home		Mary!	land			U	.S.	1.	
1	13. FATHER'S NAME	0 05-00-				14 MOTHER'S							
	Leon	C. Shaffe	I,			Elean	nor V.	Hard	esty			7	
1	15. WAS DECEASED EVE	R IN U. S. ARMED FORG		SOCIAL SECURITY NO	0. 17. 1	NFORMANT			Add	ess Mas		t.	4 10 10
	no				111	Husband"	Warr	en E.	Green	Oak]	land,	Md	•
	593 X Conditions, if a gave rise to it cause (a), stating lying couse last.	mmediate DUE TO	92	Romanel	<u>)</u>	repli	inter					n-	DEATH 12
7	CATIC	HER SIGNIFICANT CON	OITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(a) 1	PERFO	AUTOPSY DRMED?
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY (	OCCURRE	D. (Enter nature a	f injury in P	art I ar Part	Il of item 18.)				
	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea	While	NJURY OCCURRED  Nat while at wark	20e. PL fa	ACE OF INJURY (I ctory, street, office	Home, farm, bldg., etc.)	20f. (City	or tawn)	(	(Caunty)		(State)
	Olive on 12-		hum rtne	59, ond that			ardio Ardio kland	Mary	the causes of th	and on 1		te stot	deceased ed abave ATE SIGNED
	BUP 18 1	12/6/19	59	Dakland						id.		(Sta	te)
	23. Pulleral Director	refulos		ADDRESS Oa.	klar	nd, Md.	240. REC'T DE	CBY REGIST	PAR 24b. REGIS	TRAR'S SI			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be rely a by the haspital an attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled it has funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and should be filed with the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH DESCRIPTION OF THE OWNER. Telefora Commence CALCULATION OF THE PARTY AND INC. Market State County of the part of the second of the secon 

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e funeral director, should be filed with

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR may be reta

VS A15 (4) 15M 10/57

may be retained by the haspital ar attending physician.

O FUNERAL: CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs offer deaths.

#### CERTIFICATE OF DEATH

	13752	CERTIFICA	ALE OF DEAT		Res	g. Dist. No.	
1. PLACE OF DEATH o. COUNTY Garret		MARYLAND	2. USUAL RESIDENCE (W. STATE Maryland		b. COUNTY	esidence befor	e admission)
b. CITY OR TOWN (If out: RURAL ond give nearest Oakland	town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		imits, write RURAL	ond give near	rest town)
	f not in hospital, give street o		d. STREET ADDRESS Second S	Street			ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Charles	Middle Friend	Hammond	4. DATE OF DEATH	Month Decembe	er 31,	Yeor 19 5 9
Male	White widows	D DIVORCED	oct. 6, 186	55 8	birthday) Moi	nths Days	Hours Min.
Retired Me	Fire kind of work done 1015 ife, even if refired & Bu	err Employed ilder	Maryland	l.	1	2. CITIZEN OF	WHAT COUNTRY
	Hammond		Mary Eliz		Anderso	n	
15. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes,	give wor or dates of service!	SOCIAL SECURITY NO. 17. II 4-32-3475 M	of ormant C. F. I	Hammond	Address Oakle	and, M	id.
PART 1. DEATH V	Enter only one couse per lin VAS CAUSED BY: AEDIATE CAUSE (o) DUE TO	e for (a), (b), and (c).]  Remin					RVAL BETWEEN ET AND DEATH
Conditions, if ony, or gave rise to imme couse (o), stating the yelling couse lost.	diote (	rterios cle clerosis	Conon	GENER.	ol, red Truff	7	YEARS
PART II. OTHER S  20a. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MED	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CO	NDITION GIVEN II	N PART 1(o) 15	P. WAS AUTOPSY PERFORMED? YES NO 4
	AUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II o	item 1B.)		
20c. TIME OF INJURY A Hour a. m. p. m.	While	Not while of wark	ACE OF INJURY (Home, for lory, street, office bldg., et	m, 20f. (City or to	own)	(County)	(State)
21. I certify that I alive on DE	attended the decease	od from 194	accurred at 1:15	M, from th	e causes and city or town, stote	on the dat	w the decease e stated above DATE SIGNE
PHYSICIAN'S Jame			Oal	cland, l			
220. BURIAL, CREMATION, REMOVAL (Specify) BUT 18 1	1/3/1960	Oakland Cer	metery	Oaklar	(City. town, or cound, Mar;		(Stote)
23. FUNERAL DIRECTOR'S, SIC	ghature low	ADDRESS Oakland		D BY REGISTRAR	24b. REGISTRAR		E

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VS A15 (4) 15M 9/55

Reg. Dist. No.

	d. NAME OF HOSPITAL (If not in hospitor, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First Middle DECEASED (Type or print)  SAMUEL E	Last 4. DATE Month DESS HBERGER DEATH 12	9 1959
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Aug 5/875 - Strindory Manths Days	R IF UNDER 24 HRS. Hours Min.
1	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HETIRED  HRMER	USTRY 11. EIRTHPLACE (Stote or foreign country) 12. CITIZEN  GARRETT Co Mb 21.	S.A
	FATHER'S NAME	INFORMANT Address	
	(If yes, give war or dates of service)	Is Eli Yoder Grantsvelle	Md
	2214		SET AND DEATH
	gave rise to immediate cause (a), stating the <u>under-lying cause lost.</u> DUE TO  (c)	rteriosclerosis	5 years
CERTIFICATION	Arteriosclerotic h	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  1eart disease  RED. (Enter nature of injury in Part 1 or Part II of item 18.)	19. WAS AUTOPSY PERFORMED? YES NO T
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Home, farm, 20f. (City or town) (County	) (State)
MEDICAL	Haur a. m. p. m.  19 While at wark of wark of wark 2  21. I certify that I attended the deceased from.  Dec 2	ractory, street, affice bldg., etc.)	
		th occurred at 1:00 A.M., from the causes and an the do ADDRESS (Street, city or town, state)  M.D. Grantsville, Md.	
	PHYSICIAN'S NAME (Type) A. Paige Strong	Grantsville, Md.	
	BURIAL, CREMATION, 22b. DATE THEREOF, PENOVAL (Specify) 12/1/59 MOUNTAIN	U VIEW WEST SALISBURY SOME	(State) Co. PA
23.	Memory Frantsvelle	DATE DEC 1 6 '59 Cally 8. Hr.	
	/		

IF HEALTH-BALTIMORE, 18	O THENTHWEST STATE	
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13754 **CERTIFICATE OF DEATH** 

3728 Rea. Dist. No.

1. PLACE OF DEATH a. COUNTY Corrett	MARYLAND	2. USUAL RESIDENCE (V o. STATE	-11-01	ved. If institution b. COUNTY	Garre	fare admiss	ion)
and the second s	ENGTH OF STAY IN 16	c. CITY OR TOWN (II	14-24-11-11	e limits, write Rt	JRAL and give r	nearest town	1)
d. NAME OF HOSPITAL (If not in hospital, give street addre	Life ss)	d. STREET ADDRESS	111e				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	( FC //	HAD SIFE	4. DATE OF DEATH	Mon De c		/	Year 1959
S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH		AGE (In years lost birthdoy)	Months Doy	AR IF UNDE	
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND		Sent 1,189		-	12. CITIZEN	OF WHAT C	OUNTRY
during mast of warking life, even if retired)	road	Jenning			TT	C A	
13. FATHER'S NAME	1.050	14. MOTHER'S MAIDEN				Datie	
Morney Foover		Catheri	ne Merre	re			
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	AL SECURITY NO.	INFORMANT	110 1050	Addr	ress	-	
(Yet, no, or unknown) (If yes, give war ar dates of service)	07-6131 N	rs. Olive	Hoover.	Grant	sville	. Md	A. F
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last.  DUE TO  DUE TO  (c)	ronic rhe	cardial fai	t dise		CALINI RAST VA	30 J	year
САТІС		ED. (Enter noture of injury i			EN IN FART I(0)	PERFO	RMED?
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURR	ED. (Enter noture of injury i	n Fort I ar Fort II	ar item 10.)			
Haur a. m. While	OCCURRED 20e. Pl	LACE OF INJURY (Hame, fa actory, street, office bldg., e	rm, 20f. (City or	tawn)	(Count	γ)	(State)
ACTUAL G Parge A  PHYSICIAN'S NAME (Type) A. Paige Strong	trong	h occurred at 2:45		e causes an et, city or town, Le, Md.	stote)	te stated	
REMOVAL (Specify) Pury al Dec. 23, 1959		le Cemeter	y Grant		e, Md.	(Stot	e)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. RE	C'D BY REGISTRA		STRAR'S SIGNAT		

fter death. Page 4 page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. e funeral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur may be retain by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in

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TO HOSPITAL VS A1S (4) 15M 9/S8

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CERTIFICATE OF DEATH	
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1375 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14366

Pag Dist No

	LACE OF DEATH O. COUNTY	Garrett		MARYLA	O. STATE	maly Lan		tution: Residence b	
b.	o. CITY OR TOWN (If and give necres lown)		ite RURAL	c. LENGTH OF STAY IN	11	TOWN (If outside of	corporate limits, write	e RURAL and give	nearest town)
				spital, give street address).	d. STREET A	ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
- D	NAME OF DECEASED (Type or print)		MES	FRANKLIN	LEE	4. DATI OF DEAT	7	ith Do	Year 1 19 50
S. SI	ale	6. COLOR OR RACE	7. MARRI WIDOWE	ED NEVER MARRIED	8. DATE OF BIRTH	1.000	9. AGE (In years lost birthday) yrs.	Months Days	Hours Min.
alle d	"ailitalli	N (Give kind of work g life, even if retired) ETICE	done 10b.	KIND OF BUSINESS OR INF OSpital	OUSTRY 11. BIRTHPL	ACE (State or foreig	n country)	12. CITIZEN	OF WHAT COUNTR
13.	FATHER'S NAME					MAIDEN NAME			
16 1		R IN U. S. ARMED FO		SOCIAL SECURITY NO. 1	7. INFORMANT	lyn V.			
{Yes,	, no, or unknown)	(If yes, give wor or dates of	f service)	4. 4	henry Le	6	Addres		hary Land
	Conditions, if or gove rise to immed (o), stoting the w	iote couse	)	LOBAR PNE	TUMONIA,	BILATE	RAL	2.	-3 Days
ERTIFICATION	Conditions, if or gove rise to immed (o), stoting the couse lost.  PART II. OTH	DUE TO  (b)  (c)  (c)  (d)  (d)  (d)  (d)  (d)  (e)  (e)  (e	o) c) nditions <u>c</u>	LOBAR PNE	UT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GI	2.	-3 Days
L CERTIFI	Conditions, if or gove rise to immed (o), stoting the scouse lost.  PART II. OTH	DUE TO  (b)  (c)  (c)  (d)  (d)  (d)  (d)  (d)  (d	e)	ONTRIBUTING TO DEATH 8 IE HOW INJURY OCCURRED INJURY OCCURRED 200.	UT NOT RELATED TO	THE TERMINAL DISE jury in Port I or Port	ASE CONDITION GI	2.	19. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFI	Conditions, if or gove rise to immed (o), stoling the ecouse lost.  PART II. OTH  20a. EXTERNAL CAUPPRIMARY Or CONCAUSE OF DEATH.  20c. TIME OF INJURHOUT o.m. p.m.  21. I certify th	DUE TO  Open which  ote couse nderlying  ER SIGNIFICANT CON  SE WAS TRIBUTING   Y Month, Day, Ye  19  at I taok charge	Ob. DESCRIB	ONTRIBUTING TO DEATH 8  E HOW INJURY OCCURRED  INJURY OCCURRED  Not while or of work o	D. (Enter noture of inspection). (Enter noture of inspection), street, office above, held an suicide , H	THE TERMINAL DISE jury in Port I or Port lome, form, bldg., etc.) Autopsy	ASE CONDITION GI  II of item 18.)  City or town)  Inspection  Undetermined	(County)  Inquiry Cause .	19. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFI	Conditions, if or gove rise to immed (o), stoting the ecouse tost.  PART II. OTH  20a. EXTERNAL CAUPRIMARY   or CONCAUSE OF DEATH.  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify the death resulted ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (Type)  BURIAL CREMATION	DUE TO  Open which  ote couse nderlying  ER SIGNIFICANT CON  SE WAS TRIBUTING   Y Month, Day, Ye  19  at I taok charge	Ob. DESCRIB  Ob. DESCRIB  Or 20d. Whill of wire causes [	ONTRIBUTING TO DEATH 8  IE HOW INJURY OCCURRED  INJURY OCCURRED  ork of while ork of work of w	PLACE OF INJURY (Foctory, street, office bove, held an ASSISTAI DEPUTY	THE TERMINAL DISE  jury in Port 1 or Port  Home, form, 20f. (c)  Autopsy ,  omicide ,  AUTOPSY ,  MEDICAL EXAMINER  MEDICAL EXAMINE	ASE CONDITION GI  II of item 18.)  City or town)  Inspection  Undetermined	(County)  Inquiry (Scause ())	19. WAS AUTOPSY PERFORMED? YES NO (Stote)  Cand find the
WEDICAL CERTIFI	Conditions, if or gove rise to immed (o), stoting the ecouse lost.  PART III. OTH  200. EXTERNAL CAUPRIMARY   00 TCN CAUSE OF DEATH.  20c. TIME OF INJUR Hour 0, m. p. m.  21. I certify the death resulted ACTUAL SIGNATURE NAME (Type)	DUE TO  Inderlying  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  CO  ER SIGNIFICANT COP  SE WAS  TRIBUTING   Y Month, Day, Ye  19  at I taok charge  from: Natural  DA A 2  N. 22b. DATE THERE  1/3/136	Ob. DESCRIB	ONTRIBUTING TO DEATH 8  E HOW INJURY OCCURRED  INJURY OCCURRED  Pork of work remains described of work  Accident  Accident	DI NOT RELATED TO  D. (Enter noture of in)  PLACE OF INJURY (Foctory, street, office libove, held an Spiricide , H  M.D. CHIEF M  ASSISTAN  OR CREMATORY  CHIEF TO CREMATORY	THE TERMINAL DISE  jury in Port 1 or Port  dome, form, bldg., etc.)  Autopsy , omicide ,  MEDICAL EXAMINER  MEDICAL EXAMINE  22d. LO	ASE CONDITION GI	(County)  Inquiry (Scause ())	19. WAS AUTOPS' PERFORMED? YES A NO (Stote) (Stote)

VS. A15ME(S) SM 9/55

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TO HOSPITAL OR TO FUNERAL D

VS A15 (4) 15M 10/57

13730

1. PLACE OF DEATH	19191						Reg. Dist.	No.	
a COUNTY	arrett		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl	ere deceased live	d. If institution b. COUNTY	Garre	before adm	ission)
b. CITY OR TOWN RURAL and give	I (If outside corporate limits, nacrest town) LILET	write c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (IF o		limits, write RI	JRAL and give	e nearest to	wn)
d. NAME OF HOS	PITAL (If not in hospital, given willow St.	e street oddress)		d. STREET ADDRESS Willow	w St.			ON	A FARM?
3. NAME OF DECEASED (Type or print)	D OMINI		Middle	LOMBARD	4. DATE OF DEATH	DEC.	<sup>th</sup> 30	Doy	Year 19 <sup>59</sup>
Male	6. COLOR OR RACE	MARRIED NEW	DIVORCED	B. DATE OF BIRTH Feb. 15,18	67	GE (In years estabirthdoy) yrs.	Months D	YEAR IF UN	1
during most of w	orking life, even if retired)	Coal I		STRY 11. BIRTHPLACE (Stole Ital:		y)		EN OF WH.	AT COUNTI
3. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME				
		nown			nknown				
IS. WAS DECEASEDE	VER IN U. S. ARMED FORCE	16. SOCIAL SEC 1908-22	-0912 M:	rs. Nellie	Pratt,	Kitzn		, Md	
20g. ACCIDENT V	immediate pg the under- or the significant condition of the significant co	Dulle	-146	NOT RELATED TO THE TERMI	9-35-1		EN IN PART I	PER	S AUTOPSY FORMED?
OR CONTRIBUTION (IF EITHER, NOTIL  20c. TIME OF INJUI  Hour o. m p. m	1.	20d. INJURY OCC	60.	ACE OF INJURY (Home, form, clory, street, office bldg., etc.	20f. (City or I	own)	(Cou	unty)	(State
E	. 19	ot work   at	TIME _	ciory, sireer, office blog., etc.					
21. I certify alive on	that I attended the co	deceased from, 19-5-7, , c	Jan in that death	accurred at M.D. Kits	M, fram the	e causes a city or town,	nd on the	date sto	
21. I certify alive on  ACTUAL SIGNATURE PHYSICIAN'S D3 NAME (Type)	those attended the control of the co	deceased from 1259, colored	ha that death	M.D. Kitz	_M, fram th	e causes a city or lown,  Md  (City, town, c	or county)	date sto	ted abo DATE SIGN 3/-

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	Land Barren				

BACKYLAND STATE DIPARTMENT OF HIALTH-PARTMORE'S B ALLE TO THE PERSON OF THE PERS

ion,	23/16/9 CAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist	No. 13732
The state of the s	1. PLACE OF DEATH a. COUNTY ARRETT MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE IND b. COUNTY MON-	- n n - n · · · · · · · · · · · · · · ·
prior to burial,	b. CITY OR TOWN (If outside corporate limits, write RURAL and good give necrest form)  RURAL FROSTBURG MD  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  12415 CARROLL AUE.	Reg. Dist. No.  Proved. If institution: Residence before admission)  b. COUNTY  ONT GOMERY  e limits, write RURAL and give nearest tawn)  Month  Doy  Year  ON A FARM?  YES NO NO  RIGE (In years at bighday)  Months  Months  Days  Haurs  Min.  12. CITIZEN OF WHAT COUNTRY?  US A  Address  PORT ON A FARM IF UNDER 24 HRS.  INTERVAL BETWEEN  ONSET AND DEATH  SUCCEPT  INTERVAL BETWEEN  ONSET AND DEATH  SUCCEPT  ONSET AND DEATH  SUCCEPT  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY  PERFORMED?  YES NO   ONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY  PERFORMED?
registrar	(Type or print) VERNON LESLIE MICHAELS DEATH DEC.	5 1959
ih the	MALE WHITE WIDOWED   DIVORCED   SEPT. /8/923 36 yrs. Months Do	
nd 2	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Contempl Assc.  Cabinet Maker Avilton, Md.	
- C	13. FATHER'S NAME ERNEST Q MICHAEL MAGGIE SARA LLEWER	LYN
i i	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  VES WW 11  Address ROCK 217-14-4279 Mrs Mary Michael; 12415 CARREL	LAVE, MD
permit	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)  Coronary Thrombosis	INTERVAL BETWEEN ONSET AND DEATH Sudden
-tronsit	Conditions, if ony, which) (b) Coronary Sclerosis	
2 d d d d d d d d d d d d d d d d d d d	gave rise to immediate cause (a), stating the underlying cause last. (c)	
sed as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?
ld be	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
e 3 shau	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d. INJURY OCCURRED While Not while at work at work 19 at work 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)	y) (State)
OR: Pag	21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🗷, Inquiry death resulted from: Natural causes 🖾, Accident 🗀, Suicide 🗋, Homicide 🗀, Undetermined cause 🗀.	X, and find that
O FUNERAL DIRECTOR: or remaval.	ACTUAL SIGNATURE DISTURBED IN TENTER . M.D. CHIEF MEDICAL EXAMINER []	DATE SIGNED
remaval	NAME (Type) JAMES H. FERSKER TR. DEPUTY MEDICAL EXAMINER ()	2.5.59
10 To F. 10 F. 10	22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) RUTION RUT	
SME(S) P/SS	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN DATE DEC 1 6 159	ATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MASYLAND STATE DEPARTMENT OF MEALTH -PALVINORS, TO

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VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
13760	CERTIFICATE	OF	DEATH	

RTIFICATE OF DEATH Reg. Dist. No.

	CE OF DEATH	rrett		MAS	RYLAND	2. USUAL RESI	IDENCE (Wh	ere deceased	b. COUNT		ret.	ore admis	sion)
, RI	URAL and give ner		ts, write	6 WKS.	Y IN 1b	c. CITY OR		ulside corpo	rote limits, write	RURAL onc	give ne	arest tow	n)
0	OR INSTITUTION	Sing Hom		oddress)		d. STREET		2 1 01	11			ON A	SIDENCE A FARM?
3. NAA	ME OF EASED	Fie	st	Midd		lo	sî	4. DATE OF DEATH		onth	Do	у	Year
5. SEX	o di pinni	6. COLOR OR RACE		NED W NEVER MARK		VILLE  8. DATE OF BIRT	TNI .	DEATH	9. AGE (In year	2 LIFTINDE	DIVEAD		1959 ER 24 HRS.
-	male	hite	WIDOWI			May 3	. 189	0	lost birthday	Months	Days	Hours	Min.
00	SUAL OCCUPATION IN THE PROPERTY OF THE PROPERT	N (Give kind of wark on g life, even if retired	1	NIND OF BUSINESS	OR INDU		ACE (Stote o	-	arylano	,	ITIZEN C		COUNTRY
13. FAT	HER'S NAME					14. MOTHER'S				~	0.0		
100	Georg	e Binnix				Catne	erine	(la:	st name	e una	(C) ye	n	
1S. WA		IN U. S. ARMED FOR		SOCIAL SECURITY N	0. 17. 1	NFORMANT				idress		/	
3.00	.0			none	Ka	theryn	Swei	tzer	vt.	Ja.ke	1:1	K.	d.
co ly	onditions, if on over ise to impuse (o), stating the ring couse last.  PART II. OTHI	mediote (	All	CUMONI Shiplu CONTRIBUTION TO D	LIO EATH BUT	adipu NOT RELATED TO	COOS.	enst	rlis condition of	IVEN IN PA	87 1(0)	700	SES AUTOPSY
FICATION												PERFC	NO
SH (IF	CONTRIBUTING   EITHER, NOTIFY A	CAUSE OF DEATH	20B. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature a	of injury in P	ort I or Parl	III of item 18.)				
WEDICAL 20c	Hour o.m.	Month, Day, Yea	While	Not while of wark	20e. PL for	ACE OF INJURY ( ctory, street, office	(Home, farm, e bldg., etc.)	20f. (City	or town)		(County)		(Stole)
ACI SIG PHY NA	TUAL INATURE  YSICIAN'S IME (Type)  RIAL, CREMATION	at I attended the	, 19 6 5 //	19, ond tha	it death	occurred at.	Thir akli	M, fram ADDRESS (SI	the causes reet, city or town	and an 1. state) 221		te state	ed abave
RE/	MOVAL (Specify)	100 100 100	959	Jakland		meterv		VE K	ION (City, 104n	, or county)	and	(Stot	e)
23. FUN	IERAL DIRECTOR'S			ADDRESS			240. REC'D	BY REGIST	RAR 24b. REC	SISTRAR'S S	IGNATU	RE	
in	nich Iu	meral Fo	me	vakland.	121	rvlene	DATEO	2 150	0.71	0 4	1. 60		

	BE BUCKLESAS				
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				\$ 72	
-15					West No.
	ATT ATT				

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 761 Item 16, Film G-253 12/16/59.cac necessary, please exergir. Page 4 should be to burial, cremation 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ). PLACE OF DEATH 4 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is no cute the contract of the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dividing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dividing forwarded the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fill To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior V or removal VS. A15ME(5)

5M 9/55

3734 Reg. Dist. No.

6. COUNIT	rett		MARYLA	ND O. STATE	Mapa	brall	b. co	UNTY GE	rre	tt	
b. CITY OR TOWN (If and give negrest town)	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN	1b c. CITY C	R TOWN (	If outside cor	porote limits, v	write RURAL	nd give r	earest to	wn)
Accide	nt.		Tife	X 1c	cider	ot. M	3.				
d. NAME OF HOSPITA	AL OR INSTITUTION (	If not in hosp	ital, give street address)	d. STREET	ADDRESS					ON	A FARM?
NAME OF DECEASED (Type or print)	Fir		Middle	1	ıst	4. DATE OF DEATH		Aonth	Day		fear
SEX	Donald		NEVER MARRIED	Of PIA			9. AGE (In yes	TIFLIND	ER TYEAR		ER 24 HRS.
	o. Colon on RACE		DIVORCED	S. DAIL OF SIK	in .		last birthday)	Months	Days	Hours	Min.
Male	White			Dec. 7	791	38		yrs.			
o. USUAL OCCUPATION during most of working	ON (Give kind of work a life, even if retired)	done 10b. K	IND OF BUSINESS OR IN	DUSTRY 11. BIRTHI	LACE (Stote	e or foreign o	country)	12. 0	ITIZEN O	F WHAT	COUNTRY?
T nover C		Olio	Bench Ass	embly	Accid	lant.	Md.		TIS	ñ	
3. FATHER'S NAME				14. MOTHER							
TI management O P 1	Danit and			77 7	75.						
5. WAS DECEASED EVE	RIN II. S. ARMED FO	PCES2 14 S	OCIAL SECURITY NO.		ys K	TOX	A.d.	iress			
	(If yes, give war or dates of	service)	20-34-1299	7. au ou ou			Acc	oress.			
				Tra C	loduc	CIR	rien,	Accid	ant	No	3
	H [Enter only one cou	use per line f	or (o), (b), ond (c).]	3 (25)						RVAL BETW	
	H WAS CAUSED BY: IMMEDIATE CAUSE (6)		Ruptured I	leart						udd	
816x	DUE TO	- 111	PERMIT	100 100 100	1.00			4 10 10			
Conditions, if or	1111		Crushed Ch	nest. Le	ft				S	udd	en
gove rise to Immed	iote cause			,	-		10000		-	~~~	011
(o), stoting the u	nderlying DUE TO										
couse lost.	) (c)										
PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED T	O THE TERM	AINAL DISEAS	E CONDITION	GIVEN IN P	ART 1(a) 1	9. WAS PERFO	AUTOPSY PRMED?
										YES E	NO 🗌
20a. EXTERNAL CAU	SE WAS	b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter nature of	injury in Po	rt I or Port II	of item 18.)		1250		
CAUSE OF DEATH.	IKIBOTII40 LI	In he	ead on aut	o-truck	coll	lision	1. Dec	eased	was	3	
20c. TIME OF INJUR	Y Month, Day, Yea	GI ZOJ. I	JURY OCCURRED 200.	PLACE OF INJURY	(Home, for	m. 20f. (City	or town)	10	County)		(Stote)
Hour _a. m.	70 5 50	While	Net while O	factory, street, offi-	e bldg., etc	:.)					
11:1555	12-7-599		k ot work of H				Accid				Md.
			emains described							, and	find that
death resulted	from: Natural	causes _	, Accident ,	Suicide,	Hamicide	e 🔲 , U	ndetermine	d cause	].		
(/	,	1									
SIGNATURE A	med H.	Jan	Ter In h	M.D. CHIEF	MEDICAL E	XAMINER [				DATE	SIGNED
SIGHT ONE					ANT MEDIC	CAL EXAMINE	2 🗆				
EXAMINER'S J 21	nes H. Fe	easter	c, Jr., M.	1).		EXAMINER E		12-	7-59	)	
REMOVAL (Specify)	N, 22b. DATE THEREC	OF :	22c. NAME OF CEMETERY	OR CREMATORY	19119	22d. LOCA	TION (City, to	wn, or county	)	(Stot	e)
Pariol	Dec 11	7050	Glade Ce	m		Ac	ri dent	153	a.a.	rret	t 00
. FUNERAL DIRECTOR	SIGNATURE		ADDRESS		24a. REC	D BY REGIST	RAR 24b. F	EGISTRAR'S			
Non TY	Mannie	/	Frentavi	770 114	DATE	DEC 1 6	'59	arthur	04		
The state of the s	10000		TEURIVA	Jane Val Cha	DAIL	VLV 10	72	while	S. 74	alla	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 13762 CERTIFICATE OF DEATH

13735

20102			Re	g. Dist. No
1. PLACE OF DEATH		2. USUAL RESIDENCE	CE (HOME) OF DE	CEASED
COUNTY Garrett	MARYLAND	STATE Marylan	nd county G	arrett
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY (in this place)	CITY (It outside corpore	ete limits, write RURAL end	d give nearest town)
TOWN KITZMILLER	4Yrs.	X TOWN Kitzm:	iller	
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rurel give	location)
STREET ADDRESS WILLOW Street			ow Street	
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month	
(Type or Print) F10		lings	DEATH DO	
s. sex 6. color or 7. single, MAI Female White White	DIVODCED	All the second s	. AGE lest birthdey	Months Deys Hours   M
		23,1892	07 уг.	
dope during most of working life, even if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stete or foreign		12. CITIZEN OF WHAT COUNTRY?
	Home	Elk Garden, V		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Albert Warnick		Sarah Si	impson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & AL		
(Y), or unk.) (If Yes, give wer or detes of service)	6-18-0089B	- Mrs. May I	mox, Kitzm	iller, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT  33/X IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)	Levelul He	immye		ONSET AND DEATH
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)				
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19e. DATE OF OPERATION 19b. MAJOR FINDING	S OF OPERATION			20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING  CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)	ome, ferm, fectory, ot, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 2 W	1e. INJURY OCCURRED While Not while the work et werk	211. HOW DID INJURY OCCUR	7	
22. I hereby certify that I attended the dec		1057 12 See	17 10.59	that I last saw the Jacon
alive on	ad that death assured a	9:15 M, from the ca	week and on the de	., mai i lasi saw me decea:
SIGNATURE	nd mai deam occurred at		ESS (Street, city, town,	
help C. O. 100.	M.D	HT elec	mo	Dec 8-59
23. BURIAL, CHEMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATOR	LOCATION (City, town,	or county) (State
REMOVAL (SPECIFY) Burial 12/10/59	I.O.O.F. Ce	emetery	Elk Garden	n, mineral cow
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU		25 FUNERAL DIRECTOR'S S		ADDRESS OC
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MARYLAND STAYS OFFANTANIST OF HEALTM-BALTIMORY, 18

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13763		CERTIF	ICA	TE OF DEAT	Ή		Reg. Di	st. No.	10	130
RRETT COUNTY		MARYL	AND	O. STATE MARY	AND	b. COUNTY	GARR	ETT		
(If outside corporate limits, nearest town)  KLAND MARYLA	- 2	days	N 16	c. CITY OR TOWN (III	Outside corpo		URAL ond	give near	est town)	
ITAL (II not in hospital, give COUNTY MEMOR	street oddress)	TTAT.		d. STREET ADDRESS	Street			e.	IS RESI ON A YES	DENCE FARM?
First		Middle		Lost	4. DATE	Mon	th	Day	Y	ear
LILLIAN		REBECCA	1	RIGGS	OF DEATH	DECEM	BER	11	1	959
	MARRIED   N	DIVORCED		JAN. 9.188	_	9. AGE (In years last birthdoy) 76 yrs.	Months	-	F UNDEI Hours	R 24 HRS. Min.
ION (Give kind of work doorking life, even if retired)	Own H		INDUSTR	Y 11. BIRTHPLACE (SIO		country)		U. S		COUNTRY?
PATTERSON CA	AT.HOUN			14. MOTHER'S MAIDEN ANNTE G						
ER IN U. S. ARMED FORCE (If yes, give wor or dates of servi	S? 16. SOCIAL	SECURITY NO.	- 1	S. BONNIE	ITER	Addi		RK.	MD.	
ATH [Enter only one coust ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  any, which immediate the under- (b)_ C(c)_	Si a	broke	s Sc	lerose	,			ONSE	YAL BET T AND	DEATH
THER SIGNIFICANT CONDIT	TIONS CONTRIBL	ITING TO DEAT	H BUT NO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAR		PERFOR	NO
AS UNDERLYING 20 G CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HO	W INJURY OCC	CURRED.	Enter noture of injury i	Port I or Par	t II of item 18.)				
RY Month, Day, Year 19		CCURRED 2 I while work		E OF INJURY (Home, for y, street, office bldg., e		y or town)	(1	County)		(Stote)
hat I attended the d	59		.958 death a	, 19, to	PM, from ADDRESS (S	n the causes a	nd an t		state	deceased dabave. TE SIGNED
DR. A. E. M.	ANCE			OAKTANI	MARY	CLAND				/
12/14/19		ME OF CEMET		metery		TION (City, town, o		enne	(Stote	)

DATE DEC 1 5 '59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13764

### **CERTIFICATE OF DEATH**

Reg. Dist. No

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	0	1	U	4
4.	-		-	6

1. PLACE OF DEATH a. COUNTY	Garrett		MARYLANG	O STATE	NCE (Where decease	d lived. If instituti b. COUNTY			
b. CITY OR TOWN RURAL and give	(If outside carporate limi nearest town)	ts, write	c. LENGTH OF STAY IN 11	c. CITY OR TO	WN (If outside corpo	prote limits, write R	URAL ond g	ive neo	arest town)
Canalia	ıCı		II yrs.	X Oakl					
OR INSTITUTION	PITAL (If not in hospital, g N	jive street	oddress)	d. STREET ADE	DRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Abraham		Middle inners So	lost enoch	4. DATE OF DEATH	12		D <sub>0</sub>	Year 1959
5. SEX	6. COLOR OR RACE	7. MARE	RIED [] NEVER MARRIED [	B. DATE OF BIRTH		9. AGE (In years last birthday)			IF UNDER 24 HRS.
Wale	nhite	WIDOW	ED DIVORCED	1/23/1	891	68 уп.	Months	Days	Hours Min.
during most of wi	orking life, even if retired	)	KIND OF BUSINESS OR IN Oal Industi	ry Albri	gntsvill			ZEN O	F WHAT COUNTRY
13. FATHER'S NAME	usin Colone	^		14. MOTHER'S M		7			
	unin School VER IN U. S. ARMED FOR		50 SIAL SECURITY NO. 133	. INFORMANT	beth Sma	Add			
yes no. or unknown)	(If yes, give wor or dates of s	ervice)	2-44-6712		a benoer		4		y 1.6.110 ERVAL BETWEEN
Canditians, if gave rise to cause (o), statin lying cause los	immediate and the under-	) (	Starvation Carcinoma of					m <sub>o</sub>	weeks
200. ACCIDENT	WAS HINDERLYING		CONTRIBUTING TO DEATH B				VEN IN PART	1(0) 1	9. WAS AUTOPSY PERFORMED? YES NO
UIF EITHER, NOTIII	10	or 20d. II While at war	Not while	PLACE OF INJURY (Ho factory, street, affice b	ome, form, 20f. (Cityloldg., etc.)	y or town)	(C	(ounty)	(State)
actual SIGNATURE PHYSICIAN'S NAME (Type)		., 19_ / C	er, Jr., M.	M.D. 58	ADDRESS (S	n the causes of treet, city or town, Oakland	and on the stote)	e da	te stated abave DATE SIGNEI 2-10-59
22a. BURIAL, CREMAT REMOVAL (Special	12/11/1.	59		or crematory		TION (City, town,	or county)		(State)
23. FUNERAL DIRECTO	7.1	ome	ADDRESS Oanland,	11Q • D	40. REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIC	NATUR	RE

may be retained by the haspital or attending physician.

TO FUNERAL DESTOR: After this certificate has been signed by the attending physician and completely filled in be page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 hauss after death. TO HOSPITAL OR VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		2010	•	CERTI	FICA	IE OF	DEATI			Reg. D	ist. No		0 8 0
1. PLACE O o. COUN		RETT		MARY	11	2. USUAL RE o. STATE	MARYIA		b. COUNTY		nce befo	_	ssion)
	OR TOWN (If o	utside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY O	R TOWN (If	outside corpo	rate limits, write l	RURAL ond	give nec	orest low	n)
RORM	OAKIANI			14 hr25	min	X	Mr. L	AKE PA	RK				
OR IN	ISTITUTION	(If not in hospital, a INTY MEMOR				/d. STREET	ADDRESS					ON	SIDENCE A FARM?
3. NAME O	OF.	Fi		Middle			Lost	4. DATE	Mo	nth	Do		Year
(Type or		CHARLE	is	RAY	T	AYTOR		OF DEATH	DECEMBE	CR Ji.		,	19 59
5. SEX	16			RIED NEVER MARRIE		DATE OF BI	RTH	10111	9. AGE (In years	IF UNDE	R 1 YEAR	IF UND	DER 24 HR
MAT		WHITE	WIDOW			EPTEMB	ER 18	1900	lost birthday)		Doys	Haurs	Min.
10a. USUAL	OCCUPATION	(Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11, BIRTH	PLACE (Stote		ountry)	12. C	ITIZEN C	F WHA	T COUNT
avring	and A seen to the see	life, even if retired	sel	f employe	be		MEST V	TRGINI	Δ		U.S	Δ.	
13. FATHER"	03216 216	7712310				14. MOTHE	R'S MAIDEN	NAME	44		0.0	144.0	
	MARC	CELLUS TAY	TOR				ELTZAR	ETH MA	ITEHAIR				
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no no or un	hknown) (IT)	res, give war or dates of s	·""21	4-32-3513	3	CHARL	ES A.	TAYLOR	Mt. I	Lake	Par	k.	Md.
18. CA	USE OF DEATH	Enter only ane co	use per li	ne for (a), (b), and (c).	]								ETWEEN
	PART I. DEATH	WAS CAUSED BY:	. /1/	reema							ON	3 %	D DEATH
4	22.1	DUE TO				0			1	,			1
Cond	litions, if ony,	which )	Me	uprande	20	hear	Tesi	aco G	tubbin	town	1 0	22	20
gove	rise to imm	nediate ( DUE TO			. 1				al las	ang pu	1		
	(o), stoting the couse last.	under-	)	J he	lun	(	c) as	tends.	cleros	es	5	-y	5
20a. AC	PART II. OTHER	SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT N	OT RELATED	TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(a) 1	PERFO	AUTOPS
20a. AC	CCIDENT WAS I	UNDERLYING []	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture	e of injury in	Port I or Port	11 of item 18.)				, NO L
OR COL	NTRIBUTING TER, NOTIFY ME	UNDERLYING CAUSE OF DEATH											
	AE OF INJURY		or 20d. II	NJURY OCCURRED	20e. PLAC	E OF INJUR	Y (Home, farm	n, 20f. (City	or town)		(County)		(Stot
20c. TIM	lour o.m.	19	While	Not while	focto	ary, street, of	fice bldg., etc	:.)			(000,,		
	p. m.					30.63	- n	1 - 2		0			
	11	1 attended the	deceas	ed from 4 - o	_				19.5				
alive	on_4	NO O	, 19_	and that	death o	accurred o	at <u>1666</u>		n the causes		the da		ed abo
ACTUA	TURE &	udru	18.	Marica	м	.D	Das	claus	1	ud	*	4)	leas
PHYSIC	IAN'S (Type)	ANDREW E.	MANO	E. M.D.			OAKI	AND. N	D.				/
220. BURIAL	CREMATION,	12/6/19		Gortner (				near	Oakland	or county)	ı.	(Sto	te)
23. FUNERA	DIRECTOR'S	GNATURE /		ADDRESS			24a. REC'	D BY REGIST	RAR 24b. REG	ISTRAR'S S	IGNATU	RE	
1XG	1, de	idtilo	w	Oak:	land	, Md.	DATE DI	EC 8 'F	9 0	Thun !	2 4		

DATE DEC 8

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TO HOSPITAL OR A

the registror prior

requires that the death certificate be executed within 24 hours after death. Page 4

ATTENDING PHYSICIAN: The low

d by the hospitol or attending physician.

ECTOR: After this certificate has been signed by the attending physician and completely filled be detached for use as the burial-transit permit. Then please remove carbon popers. Pages I is a burial, cremation, or removal, and in any event within 72 hours ofter death.

the funeral director, should be filed with

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# MARYLAND STATE DEPARTMENT OF MEALTH-BALTIMORE, 18

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
13767	CERTIFICATE	OF DEATH	

	13767		CERTIF	ICA	TE OF DEATH	1		Reg. D	ist. No	-	374
1. PLACE OF DEATH	arrett		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE	ere deceased					ssian)
b. CITY OR TOWN (I RURAL and give ne	.*1	ts, write	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (If of		rate limits, write R	URAL ond	give nec	orest taw	n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g		oddress)		d. STREET ADDRESS	0.				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Francis	st	Middle Louise		tos Cusing	4. DATE OF DEATH	Mon 12	th	Do		Year 1959
5. SEX Female	6. COLOR OR RACE	7. MARR	D DIVORCED		DATE OF BIRTH	381	9. AGE (In years lost birthday) yrs.	IF UNDE Months	Doys	IF UND Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of work Dakery VI	ting life, even if retired	dane 10b.	KIND OF BUSINESS OR Baking	INDUST	11. BIRTHPLACE (State of Elk Garde	en, w		12. CI	TIZEN C		COUNTR
Charles 15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. IN	Silva		it Add	ress			
18. CAUSE OF DEA	NTH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	us Pen lin	none e for (a). (b), and (c).]	Ra.	e Ruht	-B	Kingwoo	d, I	INT		ETWEEN D DEATH
Conditions, if or gove rise to it couse (a), stating lying couse last.	mmediate DUE TO	,	unh	mo	etection	<u> </u>					
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	TH BUT N	IOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	PERF	AUTOPSY ORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRED.	(Enter nature of injury in P	ort I or Port	t II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	20d. IN While of work	Not while		CE OF INJURY (Home, form, ory, street, office bldg., etc.		or town)	8	County)		(State)
	at I attended the	decease	ed from PDI	)	, 1956, to d	Dec	19.59	that I	last so	aw the	decease

alive an

DATE SIGNED

ACTUAL

22d. LOCATION (City, town, or county)

22o. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY burial

ADDRESS (Street, city or town, state)

and that death occurred at\_\_\_\_\_M, from the causes and on the date stated above.

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

innich Funeral home

PHYSICIAN'S NAME (Type)

ADDRESS

240. REC'D BY REGISTRAR
DEC 2 1 '59 Uakrana, Maryland

24b. REGISTRAR'S SIGNATURE arthur S. Krous

VS A15 (4) 15M 10/57

TO HOSPITAL



# BY LINGWITH A SHIFT LASH NO THE MITTERS PARTY CHAPTERS AND THE STATE OF A STA CERTIFICATE OF DEATH